NAME O STATES TO NOTE OF THE PROTECTOR O

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

OCT 20 1988

DON JOHNSTON ENV CDR
PETERSON BUILDERS INC
PO BOX GSO
STURGEON BAY WI 54235

RE: EPA ID #: WID 096828975

In response to your request of SEP 02 1988 the following information

has been updated:

CONTACT : JOHNSTON DON ENV COR

PHONE: 414 743 5574

OWN: PETERSON BUILDERS INC

DELETED: TRANSPORTER

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

Arthur S. Kawatachi Information Section

RCRA Program Management Branch

cc: State Agency File



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Gary Higgins, Mgr. Ind. Eng. Peterson Builders Inc. 101 Pennsylvania Street Sturgeon Bay, Wisconsin 54235

RE: Interim Status Acknowledgement FACILITY NAME: Peterson Builders Inc.

USEPA ID No. WI D096828975

Dear Mr. Higgins:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for interim status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for interim status. Our opinion will be reevaluated on the basis of this information.

The State of Wisconsin has received Phase I interim authorization under Section 3006 of RCRA. Because of this authorization you are required to comply with standards prescribed in the Wisconsin Administrative Code, NR-181, in lieu of the standards in 40 CFR 265. In addition, you are reminded that operating under interim status does not relieve you of the need to comply with other applicable Federal, State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from the Part A permit application that was sent to USEPA. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR 122.23 and as State regulations allow.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR 122.23; your facility may operate under interim status until such time as an RCRA permit is issued or denied. This will be preceded by a request from this office or the Wisconsin Department of Natural Resources for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

6-10-1 1/10 Mh. 1/10.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Tegitick gr

Waste Management Branch

Enclosure

cc: E. L. Peterson, President



LAIDLAW ENVIRONMENTAL SERVIC CUSTOMER NOTIFICATION AND CERTIFICATION

Only Statements with Original Signatures will be Accepted!

Waste Pro	ofile or ARF Number: PBI-01, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13
	Number: 14 4375798
EPA Haz	ardous Waste Number(s): <u>D062</u> , <u>U028</u> , <u>U228</u> , <u>D001</u> , <u>D007</u> , <u>0201</u>
Waste Ar	nalysis Available? YES NO If yes, please attach copy.
	Unrestricted Waste Notification (Category 1) I notify that to the best of my knowledge through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268,32 or RCRA Section 3004(d).
	Restricted Waste Notification (Category 2) I notify that to the best of my knowledge through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 40 CFR 268, Subpart D. Waste must be treated by the appropriate regulatory treatment standard or in such a manner which renders it nonliquid by chemical fixation or soludification prior to land disposal. Corresponding treatment standard
	Restricted Waste Variance Notification (Category 3) I notify pursuant to 40 CFR 268.7(a)(3) and certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penaltics for submitting a false certification, including the possibility of a fine and imprisonment.
	Applicable Variance
	Treated Waste Certification (Category 4)
	(4a) I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268, Subpart D, and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.
···········	(4b) I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR Part 264. Subpart O or Part 265, Subpart O, or by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.
	Restricted Waste Certification (Category 5) I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Generator Name/Location:	PETERSON BUI	LDERS, INC., STURGE	ON BAY, WI
EPA 1D Number:	WID096828975	Manifest Number:	14 4375798
Drum Number, Waste Profile or ARF Number	Category No.	State EPA Waste Number(s)	Corresponding Treatment Standard/ Applicable Variance/Other Information
121790x PBI-01,02	2	DOOZ (PH<2)	NWW, DEACT, 268.42 TABLE.2
121790pcPBT-03,04	/	NONE	NA
10-15-16,17/8	/	u u	NA
19-22	/	a u	NA NON NASSO WALLA
121790pcPBI-05	2	4028	NWW, 28 mg/kg.
121790pcPBI-06	2	U228 -	NWW, 5.6 mg/kg
121790pc PBI-07-09	2	D001	NWW, DEACT 248.42 TABLES
11 11	2	D007	NWW, REFER TO S248.41 TABLE CCI
121790pc 887-83	<u> </u>	Devery	UNIO FROM ENER THEM SHOW NET
121790pc 132-84		Non'E	N/A NWG FEORS, RORDS, INC. DES. 42, THERE.
WITHOXPEESS	-2	00001	NOW THERTONEN- STANDARDS NOWROLD
signature: Z	A 1		TITLE: ENVIRONMENTAL ENGINEER
PRINT NAME: 14 ch	•		DATE: 12-19-90 September 23, 1988

^{*} For Treatment Standards Expressed as Concentration, Please Enter the Legend Number from the Legend Below for the Constituents contained in the Waste.

LEGEND FOR TREATMENT STANDARDS EXPRESSED AS CONCENTRATION

TABLE CCWE-CONSTITUENTS IN WASTE EXTRACT

	F001-F005 spent solvent:		ı (in mg/l)			
F			All other Spent Solvent Wastes		23 and P026-P028 dioxin ng Waste	Concentration
Legend#	Constituent Name			Legend		
1	Acetone	0.05	0.59	27	HxCCD-kAll Hexachlorodihenzo-p-dioxins	., 1 pph
2	n-butyl alcohol	5.0	5.0	28	HxCDF-All Hexachlorodibenzofurans	l pph
3	Carbon disulfide	1.05	4.81	29	PeCdd-All Pentachlorodibenzo-p-dioxins	
4	Carbon Tetrachloride	.05	96	30	PeCDF-All Pentachlorodibenzofurans	Լրջի
5	Chlorobenzene	.15	.05	31	TCDD-All Tetrachlorodibenzo-p-dioxins	1 p pb
6	Cresols (and cresvlic seid)	2.82	.75	32	TCDF-Ali Tetrachiorodibenzofurans	. I pph
7	Cyclohexzanone	.125	.75	33	2.4.5-Trichlorophenol	0.05 ppm
8	1.2-dichlorobenzene	.65	.125	34	2.4.6-Trichlomphenol	0.05 pp m
9	Ethyl acctate	.05	.75	35	2.3.4.6-Tetrachiorophenol	0.10 ppm
10	Ethyl benezene	.05	.053	36	Pentachlorophenol	0.01 ppm
11	Ethyl ether		.75		•	• •
12	Isobutanol		\$.0			
13	Methanol		.75	CA	LIFORNIA LIST WASTES	
14	Methylene chloride	.20	. 9 6	O , 1 .		
15	Methylene chloride (from the			37	Nickel	134 mg/l
	pharmaceutical industry)	0.44	.96	. 38	Thallium	130 mg/l
16	Methyl ethyl ketone	0.05	0.75	39	Cyanide (Liquid)	1000 mg/l
17	Methyl isobuty ketone	0.05	0.33		•	
18	Nitrobenzene	0.66	0.125			
19	Pyridine	1.12	0.33			
20	Tetrachiorethylene	0.079	0.05			
21	Toluene	1.12	0.33			
22	1.1.1-Trichloroethane	1.05	0.41			
23	1.2.2-richloro-1.2.2-					
	trifluroethane	1.05	0.96			
24	Trichtoroethylene	0.062	0.091		and the second s	
25	Thrichlorofluoromethane	. 0.05	11,96	+ · · · ·		*
26	Xylene	0.05	0.15		$M_{\rm c}$ (

L. LAW ENVIRONMENTAL SERVICES LAB PACK CERTIFICATION

Generator Name/Location	: PETERSON F	BUILDIRS, INC.	107 E. WAINJUT, STURGEN BAY, WI. 54235
EPA I.D. Number: W/	D096828975	Manifest Number:	12 4375798
Drum Number, Waste Profile Or ARF Number	Category Number	State EPA Waste Number(s)	Corresponding Treatment Standard/ Applicable Variance/Other Information
121790pcPBI 23-30	ricin Gb	D001	INCIN-
121790pcPBI-31,101	45	De61	INCIN,
u u	66	D008	(1 M
21790 xPBI-32	6b	2001 .	INCIN,
// //	lib	2008	11 11
2/790pc PBI-3334	112, 6b	D001	INCIN.
21790pc PBI-35	6b	2001	INCIN.
" "	()	D007	. 11 11
21790pc.PBI-36,	01 46	.0001	INCIN,
21790pcPBF 37-44	66	D001	INCIN,
217990 PBI. 45	15 6b	D001	INCIN,
For proper notific	ation, attach page 1 of Laid	law Customer Notification and	Certification form
(6a) Organometa I certify under per wastes specified i penalties for subn	nalty of law that I personall n Appendix IV to Part 268 i	y have examined and am famili or solid wastes not subject to re including the possibility of fine	iar with the waste and that the lab pack contains only the egulation under Part 261. I am aware that there are significant or imprisonment.
min wreaks of nic	r Part 261. I am aware that	CONTAINS ONLY OF PARIS Waste so	iar with the waste through analysis and testing or through ecified in Appendix V to Part 268 or solid wastes not subject for submitting a false certification, including the possibility of
GIGNATURE: Richard Print Name: Richard	and Propson	· · · · · · · · · · · · · · · · · · ·	- DATE: 12-19-90 TITLE: Environmental Encineer
	,	Only Original Signatures will be Acc	······ ·

A. First Notification

notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

B. Subsequent Notification (complete item C)

8

7

C. Installation's EPA ID Number

6 8 2

D 0 9

I

Description of Hazardous Wastes (continued from front) Hazardous Wastes from Nonspecific Sources. Enjer the four-digit number from 40 CFR Part 261:31 for each listed hazardous from nonspecific sources your installation handles. Use additional sheets if necessary. 1													C	A I		T		7	7		T	T 17	-7AT
lazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous on honspecific sources your installation handles. Use additional sheets if necessary. 1													650000										T/A
monspecific sources your installation handles. Use additional sheets if necessary. 1	iptio	on	of F	laz	ard	ous	Wa	stes	s (co	ntin	ued fr	om fri	ont)			ALC: N							
Tardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous wasteerific sources your installation handles. Use additional sheets if necessary. 13	ous Wa	Vast cific	tes fr	om rces	Nor s vou	nspec ir insi	ific {	Sour	ces.	Enter les, U	the fo	ur-digit	numb heets	er from	i 40 <i>CFI</i> ≤sarv.	R Part 2	61.31 f	or each	listed	J hazi	ardous	waste	
The state of the s			1	7	<u> </u>				Ť	ī			ĪĪ				T	5	2000 0 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	П		6	
paractoristics of Nonlisted Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous wastes from Specific Sources your installation handles. Use additional sheets if necessary. 13	<u> </u>	<u>2000</u>	<u>Allings</u>		<u> </u>	######################################		<u> </u>	1	New treatment				Silstenza					ACTIONS OF	1 1		ν	19000000
promote in the four-digit number from 40 CFR Part 261.32 for each listed hazardous wastered in sources your installation handles. Use additional sheets if necessary. 13	<u> </u>	$\bigcirc oldsymbol{oldsymbol{oldsymbol{eta}}}$	2		F_	0	0	3															
pacific sources your installation handles. Use additional sheets if necessary. 13	7						8				9		11		10			11		11		12	
pacific sources your installation handles. Use additional sheets if necessary. 13					1	,	'				1											- - 1	
pacific sources your installation handles. Use additional sheets if necessary. 13	oue Wa	Mast	oe fi		Spf		Sau	·reg	<u> </u>	L	four-d	ioit nur	wher [CER P	<u> </u>	39 for 6	aph ligi	tod ha			-te from	
19 20 21 22 23 25 26 27 28 29 Dommercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sulfur installation handles which may be a hazardous waste. Use additional sheets if necessary. 31 32 33 34 35 U O 2 8 37 38 39 40 41 sted infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veteritals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 hazarderistics of Nonlisted Hazardous Wastes. Mark X' in the boxes corresponding to the characteristics of nonlisted hazardour installation handles. (See 40 CFR Parts 261.27 — 261.24) 1 Ignitable (DOO1) 3 Reactive (DOO3) (DOO3)	source	rces	your	rins	stalla	ation !	nand	iles. l	Use a	additic	nal sh	eets if r	recess	sary.	V.11.		2 10, 5	aun na.	Su aire	40122	ua	We main	
pommercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sulur installation handles which may be a hazardous waste. Use additional sheets if necessary. 31	13						14				15				16			17				18	
permercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sulfur installation handles which may be a hazardous waste. Use additional sheets if necessary. 31																					i		
25 26 27 28 29 Demmercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sulur installation handles which may be a hazardous waste. Use additional sheets if necessary. 31 32 33 34 35 U O Z 8 37 38 39 40 41 43 44 45 46 47 sted Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veteritals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 Therefore the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veteritals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 53 Therefore the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veteritals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 53 53 Therefore the four-digit number from 40 CFR Part 261.24 54 55 55 55 55 55 55 55 55 55 55 55 55	10						<u></u>				21		4		2020			32				- 44	
primercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sulur installation handles which may be a hazardous waste. Use additional sheets if necessary. 31	10				f	T	20	T	4		4 1		1 +	2010 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22		H			1		24	
primercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical sulur installation handles which may be a hazardous waste. Use additional sheets if necessary. 31						'					1										ı		
ur installation handles which may be a hazardous waste. Use additional sheets if necessary. 31	25						26			1	27				28			29				30	
ur installation handles which may be a hazardous waste. Use additional sheets if necessary. 31						'	'			.													
ur installation handles which may be a hazardous waste. Use additional sheets if necessary. 31		ı eş			l Dead			4000	 ~3 <i>NI</i> o		Entort	Se four	Aight	- i mbei	- from /	AO CERI	2000 26	1-22 (0)			<u> </u>	hotone	
Sted Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veteritals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 Inseracteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardour installation handles. (See 40 CFR Parts 261.21 — 261.24) 1 Ignitable																	all eu,	1,30 101	Cau.	Gingo	llCar ov	ibstans	e
37 38 39 40 41 43 44 45 46 47 sted Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veteritals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 maracteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardour installation handles. (See 40 CFR Parts 261.21 — 261.24) 1 Ignitable 2 Corrosive 3 Reactive (D003) 4. To (D0001)	31					#2 # 15 # 15 # 15 # 15 # 15 # 15 # 15 #	32				33				34			35				36	
37 38 39 40 41 43 44 45 46 47 sted Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veteritals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 maracteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardour installation handles. (See 40 CFR Parts 261.21 — 261.24) 1 Ignitable 2 Corrosive 3 Reactive (D003) 4. To (D0001)	$\overline{}$	2	_														150						T
sted Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veteritals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53		98889848	۲			'	<u> </u>			igwdown			-									10	
sted Infectious Wastes. Enter the four-digit number from 40 <i>CFR</i> Part 261.34 for each hazardous waste from hospitals, veteritals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 haracteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardour installation handles. (See 40 CFR Parts 261.21 — 261.24) 1 Ignitable 2 Corrosive 3 Reactive (D003)	3/	500000			900000		38	T	1		35				40		T	41	1			42 	1
sted Infectious Wastes. Enter the four-digit number from 40 <i>CFR</i> Part 261.34 for each hazardous waste from hospitals, veteritals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 Paracteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardour installation handles. (See 40 CFR Parts 261.21 — 261.24) 1 Ignitable 2 Corrosive 3 Reactive (D003)		L						1.3				<u> </u>											
tals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 haracteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardour installation handles. (See 40 CFR Parts 261.21 — 261.24) 1. Ignitable 2. Corrosive 3. Reactive (D003) 4. To (D003)	43						44				45	<u> </u>			46			47]]		48	
tals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 haracteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardour installation handles. (See 40 CFR Parts 261.21 — 261.24) 1. Ignitable 2. Corrosive 3. Reactive (D003) 4. T															.					1	1		
tals, or medical and research laboratories your installation handles. Use additional sheets if necessary. 49 50 51 52 53 haracteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardour installation handles. (See 40 CFR Parts 261.21 — 261.24) 1. Ignitable 2. Corrosive 3. Reactive (D003) 4. T	nfectiv	*inu	~ W;		 - -	-tor t	ha fr		l Jaite	Limbs	or from	AO CEF	Dari	261 34	for ear		 anew	roote fro			n vete	-inary h	<u> </u>
haracteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardour installation handles. (See 40 CFR Parts 261.21 — 261.24) 1. Ignitable 2. Corrosive 3. Reactive (D001) (D002) (D003) (D003)	ır medi	dica	il and	i re:	seard	ch lat	orati	ories	your	r insta	allation	handle	rs. Use	a additio	nal shر	eets if n	ecessar	ry.	10	Minn.		min a	
our installation handles. (See 40 CFR Parts 261.21 — 261.24) 1. Ignitable	49						50	4	1		51				52			53				54	-17
Tur installation handles. (See 40 CFR Parts 261.21 — 261.24) 1. Ignitable								l													1		
ur installation handles. (See 40 CFR Parts 261.21 — 261.24) 1 . Ignitable	teristic	tics	of N		istec	<u> </u>	ardo	us W	_ √aste	 s.M∂	ırk ′X′ i	n the br	oxes c	orrespo	nding t	to the ch	l paracter	ristics c	of non'	listed	hazarı	l dous wa	<u> </u> ≉ste
(Ď001) (D002) (D003) (D0																							
	□ 1.											a					/e					Toxic	
### ## ## ## ## ## ## ## ## ## ## ## ##										(I-	002)					(LUUU3)					<u>با</u>	1000)	\$55.50 \$55.50
	· Cinnt											26.00				- 20							
l certify under penalty of law that I have personally examined and am familiar with the information sul this and all attached documents, and that based on my inquiry of those individuals immediately respo		A																					
obtaining the information, I believe that the submitted information is true, accurate, and complete. I am a	ify un		atta	cnt	~ <i>U</i> _C	THE COLUMN	********			er en	and the second	and the second second	and the second second		AND COMMONS				###	ALC:			34
there are significant penalties for submitting false information, including the possibility of fine and impri	ify un and al ning t	all a g the	e ini	forr	mati	tion, i	l bel.	lieve	e tha		e subn	nitted .	infor										
Name and Official Title (type or print) DONALD JOHNSTON, ENV COORDINATOR 8/30/88	ify un and al ning t are s	all a g the	e ini	forr	mati	tion, i	l bel.	lieve	e tha		e subn ng fals	nitted . se info	infor ormat	tion, ir	ncludii	ing the			of fine	e and	d impr	risonm	

EPA Form 8700-12 (Rev. 11-85) Reverse



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA 1.D. NUMBER	• WID096828975	REACKNOWLEDGEMENT
	PETERSON BUILDERS 107 E WALNUT STURGEON BAY	INC PLANT 11
INSTALLATION ADDRESS	107 E WALNUT Sturgeon Bay	WI 5423
EPA Form 8700-12B (4-80)	08/13/81	



STURGEON BAY, WISCONSIN 54235 101 Pennsylvania Street, P.O. Box 47

(414) 743-5577 **TELEX 26-3423**

June 3, 1981

Y.J. Kim, Region V Environmental Protection Agency Solid Waste Program 230 Dearborn Street Chicago, ILL

Dear Mr. Kim:

Please amend Peterson Builders, Inc. Notification of Hazardous Waste Activity, dated November 11, 1980, for both the Pennsylvania Street and the East Walnut Street facilities as follows:

IV. INSTALLATION CONTACT: Change from Dave Nieman to Gary Higgins, Industrial Engineering Manager, (414)-743-5577.

VI. TYPE OF HAZARDOUS WASTE ACTIVITY: Change from (A) Generation and (C) Treatment/Store/Dispose to (A) Generation and (B) Transportation.

EPA identification numbers for these facilities are: 101 Pennsylvania Street - WID006139349 107 East Walnut - WID096828975

Very truly yours,

PETERSON BUILDERS, INC.

Gary Higgins

Industrial Engineering Manager

GH/ss

Fred J. Peterson II cc:

JUN 8. 1

WASTE MANAGEMENT BRANCH EPA, REGION V

Figure duese. F.O. CLCIOUII SHIP DESIGNERS STURGEON BAY, WISCONSIN 54235 AND BUILDERS 101 Pennsylvania Street, P.O. Box 47 TELEX 26-3423 Charges Made: 7-31-81 June 3, 1981 Y.J. Kim, Region V Environmental Protection Agency Solid Waste Program 230 Dearborn Street Chicago, ILL 60604 Dear Mr. Kim: Please amend Peterson Builders, Inc. Notification of Hazardous Waste Activity, dated November 11, 1980, for both the Pennsylvania Street and the East Walnut Street facilities as follows:

IV. INSTALLATION CONTACT: Change from Dave Nieman to Gary Higgins, Industrial Engineering Manager, (414)-743-5577.

VI. TYPE OF HAZARDOUS WASTE ACTIVITY: Change from (A)

Generation and (C) Treatment/Store/Dispose to (A) Generation and
(B) Transportation. + TSD Per letter lated 7-23-81

EPA identification numbers for these facilities are:

101 Pennsylvania Street - WID006139349

107 East Walnut

-WID096828975

Very truly yours,

PETERSON BUILDERS, INC.

Gary Higgins

Industrial Engineering Manager

GH/ss

cc: Fred J. Peterson II

HAZARDOUS WAST	ES FROM NON-SPECIF	TES (continued from) IC SOURCES. Enter the on handles. Use additional	four-digit number from	n 40 CFR Part 261.31 fc	or each listed hazardous
	3	3		5	6 10 10 10 10
		Hill		HiT	
F 0 02	F 00 3	F0 0 5	E 0 17	AND TO A STATE OF	1 441 10 10 10
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7 90	2000 FT 8 19 10 00	9	10	11	12
	G 50 G 50 G 60 G				
Lucia majori di Alde	a temper or commons				the state of the s
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
		JRCES. Enter the four—d dles. Use additional sheets		R Part 261.32 for each	listed hazardous waste fro
13	14	15	16	17	18 9
			PERSONAL PROPERTY.		
23 - 26	22 24	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
	1 7 7		Hill	HITH	
					機能制性とロエイン・人工関係に
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	-30
			TAIL STATE OF THE	INVESTIGATION AND AND AND AND AND AND AND AND AND AN	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
COMMERCIAL CHE	MICAL PRODUCT HAZA	ARDOUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.	33 for each chemical sub-
		a hazardous waste. Use ad			
31	32	33	34	35	36
HIII					
0 0 55	U 15 9	1112 2 0	17 2 30	U 1 88	Seller - Seller
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
		Contract Con		e la petition de la constant de la c	
					HAM O III LEMAN
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
			research and the second second	Upon troi casa de la	
23 - 26	23 - 26	23 - 26	23 • 26	23 - 26	23 - 26
		our—digit number from 40 ur installation handles. Us			te from hospitals, veterina
nospitais, medicai am	Tesearch laboratories you	i ilistaliation handles. Os	le additional sheets if the	CC33d1 y.	
49	50	51	52	53	54
10 May 10					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
		ARDOUS WASTES. Mar		esponding to the charact	teristics of non-listed
nazaraoas viastos you	Thistandron nandros, poe	and the latest	The last to the last		De land the first show
🗵 1. IGNI	TABLE NO STATE OF	2. CORROSIVE	3. REA	CTIVE	X4. TOXIC
(D001)		(D002)	(D003)		(D000)
	The state of the s				Enders the state of the
CERTIFICATION					
CERTIFICATION	alty of law that I have	e personally examined	and am familiar wi	th the information su	ibmitted in this and al
	ully of law that I hav				
certify under pen		ty inquity of those int			
certify under pen ttached document, believe that the st	s, and that based on n Ibmitted information	is true, accurate, and c			
certify under pen tached document, believe that the si	s, and that based on n Ibmitted information			- The Park Switch	
certify under pen ttached document. believe that the su itting false inform	s, and that based on n Ibmitted information	is true, accurate, and c ssibility of fine and im	prisonment.	The Control	
certify under pen ttached document: believe that the su itting false inform	s, and that based on nubmitted information attion, including the po	is true, accurate, and consibility of fine and im	prisonment. FICIAL TITLE (type or	print)	DATE SIGNED
certify under pen ttached document, believe that the si	s, and that based on n Ibmitted information	is true, accurate, and cossibility of fine and im NAME & OFF	prisonment. ficial title (type or J. Peterson-	print) -II	
certify under pen ttached document. believe that the su itting false inform	s, and that based on nubmitted information attion, including the po	is true, accurate, and cossibility of fine and im NAME & OFF	prisonment. FICIAL TITLE (type or	print) -II	

STURGEON BAY, WISCONSIN 54235-0047 101 Pennsylvania Street, P.O. Box 47 (414) 743-5574 TELEX 26-3423

In reply refer to: GENERAL - 2006 - JLB 17 March 1986

US EPA - Region V 230 South Dearborn S HS 13 Chicago, IL 60604

Attn: Richard Rupert

Subj: Peterson Builders, Inc.

Permit Amendment Application RCRA Permit WID 096828975

Dear Mr. Rupert:

As discussed, five (5) copies of PBI's amended Part A are enclosed. The amendment shows the redesignation of Di Octyl Phthalate to its proper EPA Code U028.

Di Octyl Phthalate is used in the cleanup of spray tools for fiberglass work. Its use is based on manufacturer recommendations. The manufacturer was unable to recommend an unlisted substance as a substitute.

At your suggestion, I have discussed the use of Mine Safety breathing apparatus with our Safety and Emergency Managers. Both agree with you that the masks should not be used for fire or spill. Please pen and ink delete those masks from Paragraph I-C.1.b on line G-4 of the amended application.

PETERSON BUILDERS, INC

John L. Beales

Hazardous Waste Manager

JLB:sks

cc: PMO w/o encl.

J. Beales w/encl.

Please print of type in the unsha (fill-lin areas are spaced for elite			·	Mental of physical access to the control of the control		Form Approved OMB No. 15	8-R0	75	
FORM		17. 经分价的现在分词	straftstille.	1 1 1 1 1 1 1 1 1	CTION AGENCY	EPA I.D. NUMBER			7/C) 5-2
1 SEPA	Cor	solid	ated	Permits P.		FWID 09 68 2	400000000000000000000000000000000000000	1000000	5 D
I. EPA I.D. NUMBER						GENERAL INSTRU If a preprinted label has be	en pr	ovide	
I. EFA I.D. NOMBER						it in the designated space, I ation carefully; if any of it	is inc	:orrec	ct, cross
HIL FACILITY NAME				///		through it and enter the c appropriate fill—in area belo	w. A	lso, i	f any of
V FACILITY						the preprinted data is abser left of the label space lis	ts the	info	rmation
V. MAILING ADDRESS	PLÉASE PLA	CE	LĄI	BEĽ IŃ	THÌS SPẠCE	that should appear), please proper fill—in area(s) belo	w. If	the	label is
						complete and correct, you items I, III, V, and VI (e	xcept	VI-I	B which
VI. FACILITY						must be completed regard items if no label has been the instructions for deta	provid	led. I	Refer to
LOCATION /						tions and for the legal au which this data is collected.			
II, POLLUTANT CHARACTE	PISTICS					Witter, this data is confected.			
		hethe	r yo	u need to	submit any permit application	forms to the EPA. If you ans	ver "\	es" t	o any
auestions, vou must submit	this form and the supplement	al for	m lis	sted in the	parenthesis following the que	stion. Mark "X" in the box in se forms. You may answer "no	the th	ird co	olumn
is excluded from permit requ	irements; see Section C of the	instru	ictio	ns. See als	o, Section D of the instruction	s for definitions of bold—faced	terms		
SPECIFIC Q	UESTIONS	YES	MAR	K'X' FORM	SPECIFIC C	DUESTIONS	YES	MAR No	K'X' FORM ATTACHED
	cly owned treatment works					(either existing or proposed) animal feeding operation or		engart a trans	
which results in a disch (FORM 2A)	large to waters of the U.S.?		Χ			on facility which results in a		X	
	currently results in discharges	16	17 V	18	D. Is this a proposed facility	(other than those described	19	20	21
A or B above? (FORM 20	ther than those described in)	22	X 23	2.4	waters of the U.S.? (FOR	 A control for the control of the contr	25	X 26	27
E. Does or will this facility hazardous wastes? (FOR!	y treat, store, or dispose of	Х	!		municipal effluent below	et at this facility industrial or the lowermost stratum con-		Х	
		25	29	30		arter mile of the well bore, Irinking water? (FORM 4)	31	32	33
water or other fluids wh	t at this facility any produced ich are brought to the surface					t at this facility fluids for spe- lining of sulfur by the Frasch			
duction, inject fluids us	entional oil or natural gas pro- ed for enhanced recovery of		37		process, solution mining	of minerals, in situ combus- covery of geothermal energy?		Х	
hydrocarbons? (FORM 4		- 34	X 35	36	(FORM 4)		37	3/3 6 12	39 000
one of the 28 industria	ed stationary source which is all categories listed in the in-				NOT one of the 28 ind	ed stationary source which is ustrial categories listed in the			
per year of any air p	rill potentially emit 100 tons ollutant regulated under the v affect or be located in an		v		per year of any air pollut	vill potentially emit 250 tons tant regulated under the Clean or be located in an attainment		37	
attainment area? (FORM	National Control (1980) and a Control of the Contro		X	32	area? (FORM 5)	or be located in all attaillineint	43	X	1557455
SKIP DO TO		ΙΤ	T	1 1			7		
18 16 - 29 30	o,n, .B.u, i,1,d.e	<u>, r, s</u>	S.	<u>. I.n.c</u>			69		
IV. FACILITY CONTACT	A. NAME & TITLE (last, fi	rst &	title	1		I. PHONE (area code & no.)			
			A D	1 1 1	 	///7 / 3 / 5 / 5 7 -			
15 16		<u>.</u>	ת'ג	<u>. E.I</u>	V. G	4 / ,4,3 5,5, / ,/ 41 45 - 51 52 - 35			
V. FACILITY MAILING ADI	A. STREET OR P.O.	BOX							
3 1,0,1 , P,e,n,n	.s.v.l.v.a.n.i.a.	T T		t					
38 16	B. CITY OR TOWN	ايورر		e.e.t	C.STATE D. ZIP CO	ne)			
2 C +		1 1	Т	1 1	1 1 1 1 1 1 1	뒥			
4 S.t.u.r.g.e.o.n	B.a.y		ez inde	dan dan sajar	10 Av 12 3 4 2 3	الجا			
VI. FACILITY LOCATION	> =10 ROUTE NO. OR OTHER	SPEC	IFIC	IDENTIF	ier de la company de la co				
51,0,7, E, W,a	, , , , , , , , , , , , , , , , , , , 	1 1	1	111					5 B 60
9 1 , U, 7 , 12 , W, a	B. COUNTY NAME				45	PARTERIA			
D 0 0 7		П	1	1 1 1	1 	JU 4/05/83)			
Do.o.r.					70	OF F. COUNTY CODE]			
S tura eo n	C. CITY OR TOWN	pay (Pa)	100		W I 5 4 2 3	(if known)			
6 Sturgeon	Bay				W I 5 4 2 3	3 5 0 1 5 s			
EPA Form 3510-1 (6-80)						TIAOO	ANHIE	ONL	REVERSE

A. FIRST A. FIRST Ship Building C. THIRD C. STATUS OF OPERATOR (Enter the appropriate letter into the answer b F = FEDERAL M = PUBLIC (other than federal or state) P = PRIVATE E. STATE D = O = OTHER (specify) S = STATE P = PRIVATE E. STREET OR P.O. BOX 1 01 Pennsylvania Street E. STREET OR P.O. BOX L. STATUS OF OPERATOR (Enter the appropriate letter into the answer b F = FEDERAL M = PUBLIC (other than federal or state) P = PRIVATE E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania Street E. STREET OR P.O. BOX L. O1 Pennsylvania E. STREET OR P.O. BOX L. O1 Pennsylvania E. STREET OR P.O. BOX E. STREET O	B.
Ship Building C. THIRD C. THIRD C. THIRD C. STATUS OF OPERATOR (Enter the appropriate letter into the answer because of the second of the	3,6,2,9 Industrial Trucks
C. THIRD C. THIRD C. THIRD C. THIRD C. STATUS OF OPERATOR (Enter the appropriate letter into the answer by the continuous of the conti	D. FOURTH Specify Specify
Secondary Seco	Specify Spec
VIII. OPERATOR INFORMATION A. NAME C. STATUS OF OPERATOR (Enter the appropriate letter into the answer b F = FEDERAL	B. is the name listed jitem VIII-A also at owner? YES NO ox; if "Other", specify.) D. PHONE (area code & no.) ify) A 4 1 4 7 4 3 5 5 7 7 is 116 - 18 119 - 21 22 - 28 G. STATE H. ZIP CODE IX, INDIAN LAND is the facility located on Indian lands? W I 5 4 2 3 5 om Proposed Sources) om Proposed Sources) specify!
R. NAME C. STATUS OF OPERATOR (Enter the appropriate letter into the answer b F. FEDERAL S. STATE O. OTHER (specify) P. PRIVATE E. STREET OR P.O. BOX L. O. 1. P. e. n. n. s. y. 1. v. a. n. i. a. S. t. r. e. e. t. F. CITY OR TOWN S. S. T. I. S. S. T. I. S. S. S. T. S.	Item VIII-A also to owner? YES No
B Peters on Builders Inc c. Status of Operator (Enter the appropriate letter into the answer b F = FEDERAL	owner?
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer by F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE E. STREET OR P.O. BOX L O 1 Pennsylvania Street. F. CITY OR TOWN S Sturgeon Bay F. CITY OR TOWN A. NPDES (Discharges to Surface Water) A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from the state of the outline of the facility, the location of each of its existing and protogramment, storage, or disposal facilities, and each well where it injects water bodies in the map area. See instructions for precise requirements.	Second
C, STATUS OF OPERATOR (Enter the appropriate letter into the answer b F = FEDERAL S = STATE O = OTHER (specify) P = PRIVATE E. STREET OR P.O. BOX L O 1 Pennsylvania Street F. CITY OR TOWN S turgeon Bay L O 1 Pennsylvania Street F. CITY OR TOWN C T I I D D PSD (Air Emissions from Street Bay Surface Water) D. PSD (Air Emissions from Street Bay	(fy) A 4 1 4 7 4 3 5 5 7 7 A 15 16 - 18 19 - 21 22 - 28 G.STATE H. ZIP CODE IX, INDIAN LAND Is the facility located on Indian lands? W I 5 4 2 3 5 52 YES X NO Specify!
F = FEDERAL	(fy) A 4 1 4 7 4 3 5 5 7 7 A 15 16 - 18 19 - 21 22 - 28 G.STATE H. ZIP CODE IX, INDIAN LAND Is the facility located on Indian lands? W I 5 4 2 3 5 52 YES X NO Specify!
P = PRIVATE E. STREET OR P.O. BOX 1 0 1 Pennsylvania Street. F. CITY OR TOWN E Sturgeon Bay Stu	G.STATE H. ZIP CODE IX. INDIAN LAND W I 5 42 3 5 51
F. CITY OR TOWN Sturgeon Bay Sturgeon Bay SEXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) B. UIC (Underground Injection of Fluids) C. T. I. U. D. PSD (Air Emissions from Intermination of Interminat	WI 5, 4,2,3,5 WI 1 5, 4,2,3,5 YES X NO The proposed Sources is the facility located on Indian lands? YES X NO Specify!
F. CITY OR TOWN S turgeon Bay S. EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) B. UIC (Underground Injection of Fluids) B. UIC (Underground Injection of Fluids) C. T. II B. UIC (Underground Injection of Fluids) C. RCRA (Hazardous Wastes) C. T. II C. RCRA (Hazardous Wastes) E. OTHER (C. T. II) S. II	WI 5, 4,2,3,5 WI 1 5, 4,2,3,5 YES X NO The proposed Sources is the facility located on Indian lands? YES X NO Specify!
B Sturgeon Bay Sturgeon Bay Stu	WI 5, 4,2,3,5 WI 1 5, 4,2,3,5 YES X NO The proposed Sources is the facility located on Indian lands? YES X NO Specify!
X. EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from the property of the prop	W, I 5, 4,2,3,5 a0 a1 a2 a7 - 11 om Proposed Sources) specify
A. NPDES (Discharges to Surface Water) A. NPDES (Discharges to Surface Water) B. DIC (Underground Injection of Fluids) B. DIC (Underground Injection of Fluids) C. RCRA (Hazardous Wastes) C. RCRA (Hazardous Wastes) E. OTHER (C. T. I.	om Proposed Sources)
A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from the property of the property of the facility, the location of each of its existing and property of the map area. See instructions for precise requirements.	specify)
9 N 8 UIC (Underground Injection of Fluids) 8 UIC (Underground Injection of Fluids) C. RCRA (Hazardous Wastes) C. RCRA (Hazardous Wastes) E. OTHER (C. T. I.) C. RCRA (Hazardous Wastes) E. OTHER (C. T. I.) S. I.	specify)
B. UIC (Underground Injection of Fluids) E. OTHER (OTHER (OTHER (OTHER (OTHER (OTHER (OTHER (OTHER (OTHER (OTHER (OTHER (OTHER (OTHER (OTHER (OTHER (
ST T T T T T T T T T T T T T T T T T T	
C. RCRA (Hazardous Wastes) E. OTHER (C. T. I S.	' ' ' ' ' ' (specify)
9 R 15 15 17 XI. MAP Attach to this application a topographic map of the area extending to a the outline of the facility, the location of each of its existing and protreatment, storage, or disposal facilities, and each well where it injects water bodies in the map area. See instructions for precise requirements.	+ 10
Attach to this application a topographic map of the area extending to a the outline of the facility, the location of each of its existing and protreatment, storage, or disposal facilities, and each well where it injects water bodies in the map area. See instructions for precise requirements.	specify)
Attach to this application a topographic map of the area extending to a the outline of the facility, the location of each of its existing and pro treatment, storage, or disposal facilities, and each well where it injects water bodies in the map area. See instructions for precise requirements.	30
the outline of the facility, the location of each of its existing and pro- treatment, storage, or disposal facilities, and each well where it injects water bodies in the map area. See instructions for precise requirements.	
treatment, storage, or disposal facilities, and each well where it injects water bodies in the map area. See instructions for precise requirements.	t least one mile beyond property bounderies. The map must show
	s fluids underground. Include all springs, rivers and other surface
All: NATURE OF BUSINESS provide a unel description	
Ship Building	•
·	
XIII. CERTIFICATION (see instructions)	
I certify under penalty of law that I have personally examined and am	
application, I believe that the information is true, accurate and comp	
	IC DATE SIGNED
Joe Gagnon	- h
Vice President/General Manager	April 20, 198
COMMENTS FOR OFFICIAL USE ONLY	
C	
I certify under penalty of law that I have personally examined and am attachments and that, based on my inquiry of those persons immed application, I believe that the information is true, accurate and completate information, including the possibility of fine and imprisonment. A. NAME & OFFICIAL TITLE (type or print) Joe Gagnon Vice President/General Manager COMMENTS FOR OFFICIAL USE ONLY	liately responsible for obtaining the information contained in the lete. I am aware that there are significant penalties for submitting

3

4

0

10

IV. DESCRIPTION OF HAZARDOUS WASTES

- A EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number/s/ from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	
TONS	T	METRIC TONS	. , M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B.C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
 "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT		. PROCESSES
Z Č R	HAZARD. WASTENO (enter code)	D. COLINIA IEU ANNUAL	OF MEA- SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2		A Comment of the Comm		included with above

				BER (enter from page 1)	1	1				FOF	OFF	1C1A	L USE C	
\$ W W	I	D	09	6828975 1			W			Γ	UI	•		2 DUP
IV. I	ES	CR	IPTIC	N OF HAZARDOUS WASTE	T.		-							
Jž	H I W P (e)	AZ/	PA ARD. ENO code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF St (e	JNIT MEA JRE nter ide)			1. PR	oces (ent	s coi er)	DES	27 - 29	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F	0	0 5	2750	1 .[36. G	S (1 1	ŀ		ı			,
2										1	å			
3							1		1	1	ľ		I	
4								1	1				()	
5								ı	Ī	1	" 1		1 1	
6								1		1	1		1 1	
7									1	ı)	1 1	
8									<u>'</u>	'	'		, , 	
9											'		1 1	
10								· · · · · · · · · · · · · · · · · · ·	<u>'</u>	,	-1		· ·	
11								1	ļ '		· · · · · · · · · · · · · · · · · · ·		· ·	
12							•		<u>'</u>	1			· ·	
13									<u> </u>		,		· ·	
14		ļ.						·						
15					100 100 100 100	17 300				· ·	,	1		
16							1	· 			1	1		
17					Ĝ:		Λ	•		· —				
18			***************************************					•			1		1 1	
19		-			100						-		1	
20		-			1000 1000 1000			· · · · · ·			1		1 1	
21			<u> </u>							- T		-T	1 1	
22	1							·					1 1	
23	-		++					1 1			1	1	T T	
24	-	-						I T -	-	· - T	1	ž.	1 1	
25	+	-						· ·	1		1		1	
26	-	-		3 27 31	_	36	27		27				1 27 - 2	

X, OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Joe Gagnon

Vice President/General Mgr.

C. DATE SIGNED

April 20, 1983

CONTINUE ON PAGE 5

at Peterson Builders' facility. Prior to loading all drums are inspected for leakage, damage and proper labeling. Proper manifest forms are completed.

III. Facility Decontamination

A. Structures

The floor and the loading dock are the only structures that will possibly need any decontamination. This surface will first be scrapped free of any residue and then steam cleaned and rinsed with water. All residue will be placed in a 55-gallon drum using hand tools. All excess water will be collected by a wet vacuum and placed in the same drum.

B. Equipment

All equipment used in decontaminating structures in the daily operation of the facility will be steam cleaned and rinsed with water. The rinse water will be collected as above and placed in a 55-gallon drum.

C. The amount of waste generated by the decontamination process will not exceed two 55-gallon drums, which will be disposed of in the same manner as discussed for inventory.

The facility superintendent will monitor all activities to ensure conformance with this plan.

IV. Financial Responsibility

See Appendix C.

V. Post Closure

A. Due to the nature of this facility, post-closure requirements including post-closure bonds are not applicable.

VI. Estimated Closure Date

No closure date is anticipated. For planning purposes closure date may be set as December 31, 2083.

CLOSURE COST ESTIMATE

I.	Drum disposal:	52 drums @ \$20.00	\$1,040.00
II.	Waste incineration:	2750 gal. @ \$ 0.25	825.00
III.	Scrub floor and clean e 3 Laborers @ 3 hrs./eac 1 Supervisor for 3 hrs.	:h	72.00 45.00
IV.	Load scrub water in bar 3 Laborers @ 1 hr. 1 Supervisor for 1 hr.	rels:	24.00 15.00
V.	Load barrels on truck: 1 Forklift Operator for	5 hrs.	60.00
VI.	Final Inspection and Ma 3 hours salaried Superv		75.00
VII.	Transportation; assumes 15 miles/gallon, 3 trip Gas Driver	s 12 hour round trip, os, \$1.10/gallon of gas:	120.00 360.00
		Sub-total 15% Contingency TOTAL	\$2,221,50 328.23 \$2,549.73

at Peterson Builders' facility. Prior to loading all drums are inspected for leakage, damage and proper labeling. Proper manifest forms are completed.

III. Facility Decontamination

A. Structures

The floor and the loading dock are the only structures that will possibly need any decontamination. This surface will first be scrapped free of any residue and then steam cleaned and rinsed with water. All residue will be placed in a 55-gallon drum using hand tools. All excess water will be collected by a wet vacuum and placed in the same drum.

B. Equipment

All equipment used in decontaminating structures in the daily operation of the facility will be steam cleaned and rinsed with water. The rinse water will be collected as above and placed in a 55-gallon drum.

C. The amount of waste generated by the decontamination process will not exceed two 55-gallon drums, which will be disposed of in the same manner as discussed for inventory.

The facility superintendent will monitor all activities to ensure conformance with this plan.

IV. Financial Responsibility

See Appendix C.

V. Post Closure

A. Due to the nature of this facility, post-closure requirements including post-closure bonds are not applicable.

VI. Estimated Closure Date

No closure date is anticipated. For planning purposes closure date may be set as December 31, 2083.

CLOSURE COST ESTIMATE

I.	Drum disposal:	52 drums @ \$20.00	\$1,040.00
II.	Waste incineration:	2750 gal. @ \$ 0.25	825.00
III.	Scrub floor and clean e 3 Laborers @ 3 hrs./eac 1 Supervisor for 3 hrs.	h	72.00 45.00
IV.	Load scrub water in bar 3 Laborers @ 1 hr. 1 Supervisor for 1 hr.	rels:	24.00 15.00
v.	Load barrels on truck: 1 Forklift Operator for	5 hrs.	60.00
VI.	Final Inspection and Ma 3 hours salaried Superv	nifests:	75.00
VII.	Transportation; assumes 15 miles/gallon, 3 trip Gas Driver		120.00 360.00
		Sub-total 15% Contingency TOTAL	\$2,221,50 328.23 \$2,549.73

Continued from page 4.

V. FACILITY DRAWING (see page 4)

See Figures 1 & 2 for detail

at Peterson Builders' facility. Prior to loading all drums are inspected for leakage, damage and proper labeling. Proper manifest forms are completed.

III. Facility Decontamination

A. Structures

The floor and the loading dock are the only structures that will possibly need any decontamination. This surface will first be scrapped free of any residue and then steam cleaned and rinsed with water. All residue will be placed in a 55-gallon drum using hand tools. All excess water will be collected by a wet vacuum and placed in the same drum.

B. Equipment

All equipment used in decontaminating structures in the daily operation of the facility will be steam cleaned and rinsed with water. The rinse water will be collected as above and placed in a 55-gallon drum.

C. The amount of waste generated by the decontamination process will not exceed two 55-gallon drums, which will be disposed of in the same manner as discussed for inventory.

The facility superintendent will monitor all activities to ensure conformance with this plan.

IV. Financial Responsibility

See Appendix C.

- V. Post Closure
 - A. Due to the nature of this facility, post-closure requirements including post-closure bonds are not applicable.
- VI. Estimated Closure Date

No closure date is anticipated. For planning purposes closure date may be set as December 31, 2083.

CLOSURE COST ESTIMATE

I.	Drum disposal:	52 drums @ \$20.00	\$1,040.00
II.	Waste incineration:	2750 gal. @ \$ 0.25	825.00
III.	Scrub floor and clean e 3 Laborers @ 3 hrs./eac 1 Supervisor for 3 hrs.		72.00 45.00
IV.	Load scrub water in bar 3 Laborers @ 1 hr. 1 Supervisor for 1 hr.	rels:	24.00 15.00
V.	Load barrels on truck: 1 Forklift Operator for	5 hrs.	60.00
VI.	Final Inspection and Ma 3 hours salaried Superv		75.00
VII.	Transportation; assumes 15 miles/gallon, 3 trip Gas Driver		120.00 360.00
		Sub-total 15% Contingency TOTAL	\$2,221,50 328.23 \$2,549.73

at Peterson Builders' facility. Prior to loading all drums are inspected for leakage, damage and proper labeling. Proper manifest forms are completed.

III. Facility Decontamination

A. Structures

The floor and the loading dock are the only structures that will possibly need any decontamination. This surface will first be scrapped free of any residue and then steam cleaned and rinsed with water. All residue will be placed in a 55-gallon drum using hand tools. All excess water will be collected by a wet vacuum and placed in the same drum.

B. Equipment

All equipment used in decontaminating structures in the daily operation of the facility will be steam cleaned and rinsed with water. The rinse water will be collected as above and placed in a 55-gallon drum.

C. The amount of waste generated by the decontamination process will not exceed two 55-gallon drums, which will be disposed of in the same manner as discussed for inventory.

The facility superintendent will monitor all activities to ensure conformance with this plan.

IV. Financial Responsibility

See Appendix C.

V. Post Closure

A. Due to the nature of this facility, post-closure requirements including post-closure bonds are not applicable.

VI. Estimated Closure Date

No closure date is anticipated. For planning purposes closure date may be set as December 31, 2083.

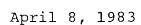
CLOSURE COST ESTIMATE

I.	Drum disposal:	52 drums @ \$20.00	\$1,040.00
II.	Waste incineration:	2750 gal. @ \$\frac{0.30}{0.25}	825.00
III.	Scrub floor and clean e 3 Laborers @ 3 hrs./eac 1 Supervisor for 3 hrs.		72.00 45.00
IV.	Load scrub water in bar 3 Laborers @ 1 hr. 1 Supervisor for 1 hr.	rels:	24.00 15.00
V.	Load barrels on truck: 1 Forklift Operator for	5 hrs.	60.00
VI.	Final Inspection and Ma 3 hours salaried Superv		75.00
VII.	Transportation; assumes 15 miles/gallon, 3 trip Gas Driver		120.00 360.00
		Sub-total 15% Contingency TOTAL	$$2,221,50 \\ \underline{328.23} \\ 52,549.73$

SCA CHEMICAL SERVICES, INC.

AN SCA SERVICES COMPANY

11700 S. Stony Island Avenue Chicago, Illinois 60617 (312) 646-5700





Mr. John Beales Peterson Builders, Inc. 101 Pennsylvania Sturgeon Bay, WI 54235

Dear Mr. Beales:

Per our conversation of March 29, 1983, I would like to confirm the ballpark price of .20-.30/gallon, bulk for incineration of paint solvents. A \$20/drum handling charge is associated for all drummed liquid waste.

Final approval for acceptance of this waste and firm pricing will be based upon submittal of a representative sample and completion of an enclosed Waste Product Survey Form.

SCA looks forward to being of service to Peterson Builders. Should you have any questions, please contact me at (312) 646-5700.

Very truly yours,

SCA CHEMICAL SERVICES, INC.

Deborah L. Peppers,

Technical Sales Coordinator

DLP/bk

Enc.

STURGEON BAY, WISCONSIN 54235-0047 101 Pennsylvania Street, P.O. Box 47 (414) 743-5577 TELEX 26-3423

20 April 1983

Mr. James Reyburn 1125 North Military Avenue Box 3600 Green Bay, WI 54303-1208

RECEIVED

APR 2 5 1983

Re: WID 096828975 PA, EPA, REGION V

Dear Mr. Reyburn:

Please make the following corrections to the PBI, Part B RCRA Application:

- a) Section A, Form 1, line VIII-B; check "yes".
- b) Section A, Form 3, line III-1; change "11,000" to "2750".
- c) Section A, Form 3, line IV-1; change "D001" to "F005".
- d) Page I-1, paragraph B; change "two hundred" to "fifty" and change "11,000" to "2750".
- e) Remove pages I-2 and I-3, and insert the enclosed revised pages I-2 and I-3.

This submittal is made solely for the purpose of completing outstanding requirements of Part A, and to allow for issuance of an interim license. It is not intended to answer all outstanding questions from the two DNR visits or the EPA letter. I hope to make a final Part B submission prior to the end of May.

Thank you for your assistance and cooperation.

Sincerely yours,

PETERSON PUILDERS,

John L. Beales

--continued--

MY/25/B)

095-9

Mr. James Reyburn

20 April 1983

Re: WID 096828975

(1) Revised pages I-2, I-3 (3 copies)(2) SCA letter of 4/8/83(3) Revised Part A Encl:

JLB/nc

cc: Rick Karl, EPA, with enclosures

FJP-II

lease print or type in the unshaded areas only fill—in areas are spaced for elite type, i.e., 12 charm (inch)		1328	Form Approved OMB No. 158	3-R0175
EORN U VIRO	NMENTAL PROTEC		I. EPA I.D. NUMBER	
Cor	solidated Permits Pro eneral Instructions"	oaram	FW.1009682	13 14 15
GENERAL (Read the G			GENERAL INSTRU	
I. EPA I.D. NUMBER			it in the designated space. R ation carefully; if any of it	eview the inform-
HI. FACILITY NAME			through it and enter the co	prrect data in the w. Also, if any of
FACILITY			the preprinted data is absented the left of the lebel space list.	t (the area to the s the information
V. MAILING ADDRESS PLA	CE LABEL IN	THIS SPACE	that should appear), please proper fill—in area(s) below	provide it in the v. If the label is
			complete and correct, you r Items 1, III, V, and VI (e.	xcept VI-B which
FACILITY			must be completed regardle items if no label has been t	provided. Refer to
VI. LOCATION			the instructions for detail tions and for the legal au- which this data is collected.	thorizations under
			Willer this data is collected.	
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine w	hather you need to	submit any permit applicatio	n forms to the EPA. If you ansv	ver "ves" to any
if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	to open mucetion vi	all been any success any or dis	E25 (D) [5]2" + OP IIIDA GIISMET 110	WILL DAIL AND STATE OF
SPECIFIC QUESTIONS	MARK 'X'		QUESTIONS	MARK X
A. Is this facility a publicly owned treatment works	YES NO ATTACHED	B. Does or will this facility	(either existing or proposed)	ATTACE
which results in a discharge to waters of the U.S.?	X	equatic animal product	animal feeding operation or ion facility which results in a	_X
(FORM 2A) C. Is this a facility which currently results in discharges	16 17 18	discharge to waters of the D. Is this a proposed facility	ty (other than those described	19 20 21
to waters of the U.S. other than those described in A or B above? (FORM 2C)	22 23 24	in A or B above) whic waters of the U.S.? (FO	h will result in a discharge to RM 2D)	25 Z6 Z7
E. Does or will this facility treat, store, or dispose of		municipal effluent belo	ect at this facility industrial or ow the lowermost stratum con-	
hazardous wastes? (FORM 3)	Х	taining, within one quunderground sources of	uarter mile of the well bore, drinking water? (FORM 4)	χ 31 32 33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface		H. Do you or will you inju	ect at this facility fluids for spe-	
in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of	l. lv l	process solution minir	mining of sulfur by the Frasch ng of minerals, in situ combus- ecovery of geothermal energy?	x
oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34 35 36	(FORM 4)		37 31 39
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-		NOT one of the 28 in	osed stationary source which is idustrial categories listed in the	
structions and which will potentially emit 100 tons per year of any air pollutant regulated under the	X	ner year of any air poll	will potentially emit 250 tons utant regulated under the Clean t or be located in an attainment	X
Clean Air Act and may affect or be located in ar attainment area? (FORM 5)	 	area? (FORM 5)	COLDE LOCATED 111 all artifulnitions	43 44 45
III. NAME OF FACILITY				
1 SKIP P. e. t. e. r. s. o. n B. u. i. l. d. 6	e, r.s. I.n.c			- 69
IV. FACILITY CONTACT		MARIA PERMIT	B. PHONE (area code & no.)	
A. NAME & TITLE (last,	inst, & title)]
2 G.a.r.y. , H.i.g.g.i.n.s. , M.g.r.	. I. N. D E. N	G. 45 A6	- 48 A9 - 51 52 52 52 51	
V. FACILITY MAILING ADDRESS A. STREET OF P.C.	BOX			
		7 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
3 1.0.1. , P.e. n. n. s. y. l. y. a. m. i. a.	.S.t.r.e.e.t	C.STATE D. ZIP C		
B. CITY OR TOWN		C.STATE D. ZIP C		
4 S. t. u. r. g. e. o. n B. a. y		W.I. 5.4.2	،3.ᢩ <u>۲</u>	
VI, FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER	SPECIFIC IDENTIF	ien l		
5 1, 0, 7, . E W.a. l. n. u.t		65		
B. COUNTY NAME	<u> </u>			
D. o. o. r.		70		
C, CITY OR TOWN	;	D.STATE E. ZIP	CODE F. COUNTY CODE (if known)	
6 S.t.y.r.g.e.o.n. B.a.y.	 	W. I 5.4.2	$\begin{array}{c c} 3.5 & 0.1.5 \\ \hline & 51 & 52 \\ \hline \end{array}$	
FPA Farm 3510.1 (6.80)		49 131 -61 157	CON	TINUE ON REVER

CONTINUED FROM THE FRONT VII. SIC CODES (4-digit, in order of priority				
A. FIRS	T		B. SECOND	
7 3.7.3.1 Ship Building		[7] a c a al'	<u>Industrial Trucks</u>	
C. THIRI c (specify) 7	D	<u> </u>	D. FOURTH pecify)	
5 16 - 15		7 15 16 19		
VIII, OPERATOR INFORMATION	A. NAN	AL AND		B. Is the name listed
B D o t o n s o n Rui		-		Item VIII-A also owner?
P. e. t. e. r. s. o. n B. u. i.	<u> 1, a, e, r, s, , 1, n,</u> 	<u>C </u>		
C. STATUS OF OPERATOR (Enter	er than federal or state)	he answer box; if "Other", sp (specify)	pecify.) D. P	HONE (area code & np.)
S = STATE 0 = OTHER (spec P = PRIVATE	cify) .	D (5,500,500,500,500,500,500,500,500,500,5	A 7.1	5 7.4.3 5.5.7.7
E. 5TR	EET OR P.O. BOX			
.0.1. P.e.n.n.s.y.l.v.a.;	n.i.a. S.t.r.e.	e.t., , , , , , , , , , , , , , , , ,		
F. CITY 0	RTOWN		H. ZIP CODE IX. INDIAN	or a second second
S.t.u.r.g.e.o.nB.a.v.		.,., W.I 5	5.4.2.3.5 🗆 YE	located on Indian lands? S
16	•	AD A1 82 47	52	Section Committee (Manager Landson)
. EXISTING ENVIRONMENTAL PERMIT A. NPDES (Discharges to Surface Water)		missions from Proposed Sou	rces)	
N	9 P			
B. UIC (Underground Injection of Fluid	30 (5 16 17 18	OTHER (specify)	30	
U	T E T I T	· · · · · · · · · · · · · · · · · · ·	(specify)	
C. RCRA (Hazardous Wastes)	30 15 16 17 18	COTHER (specify)	30	
			1 (specify)	
18 17 (I	30 18 16 17 10		30	
Attach to this application a topograpithe outline of the facility, the location treatment, storage, or disposal facilities water bodies in the map area. See instructional control of the map area of the location of the map area.	on of each of its existing ies, and each well where ructions for precise requ	g and proposed intake an e it injects fluids undergr	id discharge structures, ea	ch of its hazardous waste
Ship buildi	ng			·
		,		
· · · · · · · · · · · · · · · · · · ·				
•				
KIII. CERTIFICATION (see instructions)				
I certify under penalty of law that I attachments and that, based on my application, I believe that the inform false information, including the possible.	inquiry of those persoi ation is true, accurate a	ns immediately responsib nd complete. I am aware	de for obtaining the info	rmation contained in the
A. NAME & OFFICIAL TITLE (type or prin		IGNATURE		C. DATE SIGNED
E. L. PETERSON, PRESIDEN	TT /	Mafen		7/23/01
COMMENTS FOR OFFICIAL USE ONLY				

Form Approved OMB No. 158-\$80004

(fill—in areas are spaced for elite type,	, i.e., 12 chr -	s/inch).
	elaboration expression in the latest section	STATE OF THE PARTY
FORM !	U.S.	RONME
	HAZARUO	US WAS
	A BY EDWER ER CHIN SON	
		- Consolio

[.	EP/	41	D.	N	JM	BE	R				- #		
<u>=</u>	τή	1-	â	'n	Ġ	a	Ö	2	·o	Ö	777	淮	TLA

RCI	20	V			(Thi	is informatio	Consoli		l Per	mits i	Progr	am	5 of	RCI	?A.)	Ēw	liû	0 0	9 @	8 8	2 8	ودا	7/5	112	Ī
FOR	OI			L USE ONLY																	i i				
	ICA RO			(yr., mo., & day)										CON	AMENTS										
	harmed and the																								
EK E	110 0		·cein Divien	REVISED APPLIC		N.							- Sa . W	i de de											
Place	an '	"X"	'in	the appropriate box in	ı A or	B below <i>(ma</i>	ark one	· bax	onlv	/ to i	ndica	ate wi	nethe	er thi	s is the first a	epplicat	ion yo	u are	subm	nitting	for \	our i	acili	ty or	a
revise	ed ap	opli	cati	on. If this is your first	t applie	cation and y	ou aire	ady k	CHOV	√ you	r faci	lity's	EPA	I.D.	Number, or	if this is	s a revi	sed a	pplica	ation,	entei	r you	r faci	lity's	
				er in Item I above. PLICATION (place a	m ''X''	below and	provide	the i	appr	ортіа	te da	te)				 									
	Д	1. E	XIS	TING FACILITY (Sec	e instri	uctions for a	definiti v.l	on of	"ex	isting	t'' fac	ility.				2.1	VEW F	ACI	_ITY					w.) _itie	
c]		·R.	T	WE THEN FORE	XIST	NG FACILI	TIES.	PROV	/108	ETHE	EDA	TE ()	ır., n	10., ŝ	ಕಡೆ <i>೧೪)</i>	YR.	T M	D.]	DAY	PR	OVI	DET	HEL	ATE	
8	8	0		0 5 1 9 (use th	e boxe	BEGAN O	R THE	DAT	EC	ONST	rauc	CTIO	N CC) 1×1 1×1 (ENCED					TJC EX)NE	EGA	NO		
13 B. R	EV	74 151	D	3 76 77 78 APPLICATION (pic	oce an	"X" below o	and co	nplet	e Ite	m I a	bove)				173 7	41 175	75	27)	78	·		·, · , . ,		
	72	1. F	A.C	ILITY HAS INTERIM	1 STA	rus							anna di saddi saddi sa		THE RESIDENCE OF THE PROPERTY	2.	FACIL	JTY	HAS	A RC	PAF	PERM	T	unenemerikken	wietowinko
III.	PR()Cl	ess	ES – CODES AND	DES	IGN CAPA	CITI	ES																	
A. P	RO	ÇES	sc	ODE - Enter the code	e from	the list of p	rocess	codes	bef	ow th	at be	st de	ecrib	es ea	ch process to	be used	d at the	e faci	lity.	Ten lii	nes a	re pro	vide	d for	_
				es. If more lines are n process <i>(including its</i>												រោងប៉ុន្តែ ៖	IOE INC	iuOei	ម មា ប៉ា -	ie HST i	UT CC	iges C	# OV	, mer	ŧ
B. P	RO	CES	S D	ESIGN CAPACITY —	Fore	ach code en	tered ir	n colu	mn .	A ent	ter th	e cap	acity	of ti	he process.		. :	e e.	3						
1	. A	MO	UN	T — Enter the amount MEASURE — For ea	i. Ich aro	nunt entere	പ് ല വ	lumn	R(1)	enta	er the	e conie	froi	รทำ กา	e list of unit :	measura	codes	belo	w tha	it desci	ihes	the :	enit c	nf	
* ***********************************	្តែក	eas	ure	used. Only the units of	of mea	sure that are	e listed	belov	v she	ould k	00 US	ed.		6114	were satellisted					· .					
					PRO- CESS	APPROPE MEASUR											PR CE			ROPR					
_			PB		ODE		IN CA							_PB	OCESS		CO			DESIG					~
*	orag Nat		150	(barrel, drum, etc.)	SOI	GALLONS	081	TER	5 .			Treat		t:			T	B.1 :	GALI	LONS	PER	DAY	OR		
1	MK		ILE		502 503	GALLONS CUBIC YA	ORL	TER						E IMI	POUNDMEN	17			LITE	RS PE LONS	RD.	AY			
SU	RF	ACE	Ę IN∕	IPOUNDMENT	S04	GALLONS		TER:	ş			INCI	NER	ATO	R		7.	03	TON	RS PE S PER	HO	JR O		p 344	
	spos																		GAL	RIC TO LONS RS PE	PER	HOU			
	IEC				D79 D80	GALLONS ACRE-FEE would cove	ET (the	volue	ne t	hat		OTH	ER (Use 1	or physical, logical treatn	chemico	d, T	0.4	GAL	LONS RS PE	PER	DAY	OR	٠	
er/Redsinica						depth of or HECTARE	ne foot) OR				proce	88888	note	occurring in i ndments or ii	anks,					10, Am				
					D81 D82	ACRES OF GALLONS	HEC'	TARE YAC	S OR			ators.	. De	scrib.	e the process ided; Item II	es in							1, 13		
St	RF	AC	EIN	IPOUNDMENT	D83	CALLONS			S										100						
ALL PARTY AND		igilija Nasa			UNIT										NIT OF EASURE			1 17 -1 125		eargil fi tareenii	en Sa Salah	al Sana		IIT OI ASUR	
U	VIT	OF	ME	ASURE	MEAS COL		UN	TOF	ME	ASU	RE				CODE	<u>U</u>	NIT O			RE				ODE	
	ALL					G L		ERS VS PE				, .			V		CRE-F ECTA!							. A	
C	JBIC	CY.	ARI	os		Y	ME	TRIC	TO	NS PE	ER H	OUR			W	A	CRES.							. 3	
G	ALL	NO.	SP	ER DAY		ប	LIT	ERS	PER	HOL	JR.				H										_
				R COMPLETING ITE 400 gallons. The facil												corede c	anks, o	ille r	313K, GG	at Hore	. 201	, Aguir	N IS CI	ia na	2
ð	ille.	A. P		DUP		T/A C	/	/ /	/	/ /	/ /	/ /	1	/ /	111	//		1	1	/ /	1	/ /	/	/ /	
<u>H</u>	1	e e e	T	<u> </u>		14 15		<u> </u>	7			<u>,</u> ,	7				77				7		<u>, </u>		7
E E		PR		B. PROCESS	DESI	GN CAPA	<u>j</u>			FOR	,	EM CX		RQ.	B, PF	ROCES	S DE	SIG	NCA	PACI			-	FOR	į.
	C	ES: OD	E	I. AMO	UNT		OF	INIT MEA:	OF	FICI	IAL	00	CO	DE		1. Al	MOUN	T		445	OF	JNIT MEA JRE	OF	FICI	AL
NUN		om ove		(speci	(1y)		(e.	iRE nter ide)		JML		LINE		n list ove)							(e	nter ode)		ONL	
-	16	1	23				27	28-	26	<u></u>	32		16	- 18	19		-			27	F	26	25	-	37
X-1	S	0	2	600				G				5													1
X-2	T	0	3	20				E	On the Contract of the Contrac			6										day in the second	The second second		
The state of the s	1	Ť		20		····		-		-		<u> </u>	\vdash	-							\vdash			_	+
The state of	C	0	1	11000				G				7		-											
~	<u>ا</u> گ_	U.	1	11000			\dashv	u .	\vdash	-	-			\dashv			 ;				H	\dashv	+-	_	+
2												8													
3							and the same					9												T	T
E	ł											9 -			Ì							1			

OCESSE.			

c. Space for additional process codes or for describing other processes ($code\ "T04"$). For each process entered here include design capacity.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
FOUNDS	Р	KILOGRAMS	K
TONS	T	METRIC TONS	
일어나 생물을 보고 있다면 보고 있다면 보다 있다. 그리고 보는 H		그 그림 전에 만들다면 내일 때 바람이 있는 것은 마음이 없었다.	

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1, PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed; (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

		C. UNIT	p.	PROCESSES
Z S E O	HAZARD. B. ESTIMATED ANNUAL WASTENO QUANTITY OF WASTE (enter code)	OF MEA- SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4 900	P	T 0 3 D 8 0	
X- 2	D 0 0 2 400	P	T 0 3 D 8 0	
X-3	D 0 0 1 100	P	T 0 3 D 8 0	
X-4	D 0 0 2			included with above

Form Approved OMB No. 158-\$80004

š I	1			7	6 8 2 8 9 7 5 1	A STATE OF THE PARTY OF THE PAR	, ,		5				i di di di		L USE	ONLY //
¥ 2	İ			an namakan Managariya	13 58 25		garana.)Į	V z				UI			2 DUP
····	1	. E	PA		N OF HAZARDOUS WASTE	Ç,	UNI	£ .	iea)							D. PROCESSES
Z C.	HAZARD. WASTENO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)			1. PROCESS CODES (enter) 27 - 28 27 - 39 27 - 29							2. PROCESS DESCRIPTION (if a code is not entered in D(1))
passed.		0	Ω		11000		G	ſ	S_0_:		Τ Τ		ī	1	*********	Section 1
2		·U	_U.	J	11000		u		5 10 1 -	•	1 7					, and the second
3									į.						F	
4									1		7-1		-1		ŧ I	The state of the s
5									I I		-1 1			,	1 8	
6											1 1					
7													,		· ·	
. 8											· '		,			
9											1	\perp	i		· · · · · · · · · · · · · · · · · · ·	
10	_	ļ —			•						1 1			1		
11					· · · · · · · · · · · · · · · · · · ·						1		ğ	1	3 1	
12	-	ļ							1 1		1			1		
13						Yac			- - 	_	ř				1 1	
14											r	_			· i · i	
15	-				·						1				,	
16		-							1 1		1		I	1	1 1	
17.	+-			-	,			***	, ,		. 1			.		
18	+								1 1 1	-	-1	1	т-т	1	1 1	
19		-		<u> </u>					T. 1	-		1	ı I	1	1 1	·
20	-									-	1	-	1	· 1 · · ·	 	
21	+	-				1				1	! ···	1	7	T	-	
22		-	<u> </u>	-	;	-				-	····	1	•	. 	1 1	
23			and the second							-	- 1	ı	1	1		
24	+					1	2779-994					1		1	1	
25	-	-		<u> </u>		1						7	ļ ₁			
26	25		-	26	2.5 2.5		36	eninthsin					27		27 -	

Continued from the front.			***************************************			
	ntinued)					
E. USE THIS SPACE TO LIST ADDITIONAL PRO	CESS CODES FRO	M ITEM D(1) ON PAG	E ¥.			
•					į	,
			•			
				•		
•						
•						
				•		
		•				
·						
	•					
		ţ				
EPA I.D. NO. (enter from page 1)						
S T/AC						•
FWID096828975 6						
V. FACILITY DRAWING			10.11			
All existing facilities must include in the space provided on	page 5 a scale drawing	of the facility (see instru	ctions for more	detail).		
VI. PHOTOGRAPHS		NC ACCESSION OF THE SECOND				
all mileting facilities broket include photographs /200	ist or around—leval l	the of classic dalinasta		ひょのかいいいひとり めんけん	fina starade	44.5
All existing facilities must include photographs (aer	rano troatmont or a	financial areas free instr	an existing su victions for m	uctures, exis	11119 2101090	
treatment and disposal areas; and sites of future sto	rage, treatment or o	disposal areas (see instra	an existing su uctions for me	ore detail).		
treatment and disposal areas; and sites of future sto	rage, treatment or d	disposal areas <i>(see instr</i>	uctions for mo	ore detail).		
treatment and disposal areas; and sites of future sto	rage, treatment or d	disposal areas <i>(see instr</i>	TUDE (degrees	ore detail).		
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second.	rage, treatment or d	disposal areas <i>(see instr</i>	uctions for mo	ore detail).		
treatment and disposal areas; and sites of future sto	rage, treatment or d	disposal areas <i>(see instr</i>	uctions for mo	ore detail).		
VII. FACILITY OWNER	rage, treatment or d	lisposal areas (<i>see Instr</i> i Long	TUDE (degrees	ore detail). minutes, & se	conds)	
treatment and disposal areas; and sites of future sto VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 21 65 66 67 68 69 71	rage, treatment or d	lisposal areas (<i>see Instr</i> i Long	TUDE (degrees	ore detail). minutes, & se	conds)	
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1 55 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below.	rage, treatment or d	disposal areas (see instru Longi on Form 1, "General Info	TUDE (degrees) 100 (degrees) 100 (degrees)	minutes, & se	conds)	
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1	rage, treatment or d	LONG LONG on Form 1, "General Info	TUDE (degrees) 100 (degrees) 100 (degrees)	minutes, & se	conds)	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1 55 - 71 VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as	rage, treatment or d	LONG LONG on Form 1, "General Info	TUDE (degrees) 100 (degrees) 100 (degrees)	minutes, & se	conds)	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1	rage, treatment or d	LONG LONG on Form 1, "General Info	TUDE (degrees, 4 40 4 33 4 33 4 40 34 5 35 4 4 40 34 5 35 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	minutes, & se	box to the lef	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. VII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILE.	rage, treatment or d	LONG on Form 1, "General Info on Form 1, complete the	TUDE (degrees,	minutes, & se	conds)	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER 3. STREET OR P.O. BOX	tisted in Section VIII of LITY'S LEGAL OWN!	LONG LONG on Form 1, "General Info	TUDE (degrees,	minutes, & se	box to the lef	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER 3. STREET OR P.O. BOX	tisted in Section VIII of Clisted in Section VII	LONG on Form 1, "General Info on Form 1, complete the	TUDE (degrees) 4 40 72 74 75 Temation", place	an "X" in the	box to the lef	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER 3. STREET OR P.O. BOX	tisted in Section VIII of LITY'S LEGAL OWN!	LONG on Form 1, "General Info on Form 1, complete the	TUDE (degrees,	an "X" in the	box to the lef	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1 55 - 71 VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER 3. STREET OR P.O. BOX C. F. IS 116 IX. OWNER CERTIFICATION	tisted in Section VIII of Grant Control	LONGI on Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN	TUDE (degrees) 4 40 72 - 74 23 rmation", place	an "X" in the	box to the lef	ode & no.)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1	tisted in Section VIII of Grant Gran	LONGI con Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob	rmation submit taining the initial matter submit taining the initial submit submit taining the initial submit subm	an "X" in the	box to the lef	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1	tisted in Section VIII of Grant Gran	LONGI con Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob	rmation submit taining the initial matter submit taining the initial submit submit taining the initial submit subm	an "X" in the	box to the lef	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1 55 - 7t VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACI E 1. NAME OF FACI II. IS 1. I	listed in Section VIII of Graph of Grap	LONGI con Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob	rmation submit taining the initial matter submit taining the initial submit submit taining the initial submit subm	an "X" in the 2. PHONI 2. PHONI 3. S. S.T. At 42 I this ar formation, I is bmitting false	box to the lef	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1	tisted in Section VIII of Grant Gran	LONGI con Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob	rmation submit taining the initial matter submit taining the initial submit submit taining the initial submit subm	an "X" in the	box to the lef	t and
Treatment and disposal areas; and sites of future sto VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1 55 7 66	listed in Section VIII of Graph of Grap	LONGI con Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob	rmation submit taining the initial submits	an "X" in the 2. PHONI 2. PHONI 3. Se	box to the lef	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. 8 70 2 2 1 55 - 71 VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACION I cartify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) E. L. PETERSON, PRESIDENT (For the Stockholders)	listed in Section VIII of Graph of Grap	LONGI con Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob	rmation submit taining the initial submits	an "X" in the 2. PHONI 2. PHONI 3. Se	box to the lef	t and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. R	listed in Section VIII of Grant Section Sect	LONGI CON Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob- there are significant po-	TUDE (degrees) 1 4 4 0 4 25 Transition', place following items: mation submittaining the internalties for su	an "X" in the 2. PHONE 2. PHONE 3. St. 4. 42 42 44 C. DATE SIG 7/2 3	box to the left NO. (area co	ode & no.) DE ed the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. R	listed in Section VIII of Grant Section Section Section VIII of Grant Section VIII of Gran	LONGI CON Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob- there are significant po-	rmation submittaining the initial submittain	an "X" in the 2. PHONI 2. PHONI 3. St. St. 2. PHONI 4. 42 32 44 Ted in this are formation, I is bmitting false C. DATE SIG 7/23	box to the left NO. (area co	ed the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. R 70 2 2 1 55 55 57 58 58 59 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as skip to Section IX below. C 1. NAME OF FACION	listed in Section VIII of Grant Section Section Section VIII of Grant Section VIII of Gran	LONGI CON Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob- there are significant po- familiar with the informately responsible for ob-	rmation submittaining the initiality of the init	an "X" in the 2. PHONI 2. PHONI 3. ST. Ted in this are formation, I is bornitting false to the formation, I is compared to the formation to	box to the left NO. (area conditions of the left) NO. (area conditions of the left) Solutions of the left) Solutions of the left) And all attaches believe that the left) and all attaches believe that the left)	ed the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. R	listed in Section VIII of Grant Section Section Section VIII of Grant Section VIII of Gran	LONGI CON Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob- there are significant po- familiar with the informately responsible for ob-	rmation submittaining the initiality of the init	an "X" in the 2. PHONI 2. PHONI 3. ST. Ted in this are formation, I is bornitting false to the formation, I is compared to the formation to	box to the left NO. (area conditions of the left) NO. (area conditions of the left) Solutions of the left) Solutions of the left) And all attaches believe that the left) and all attaches believe that the left)	ed the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second. R	listed in Section VIII of Grant Section Section Section VIII of Grant Section VIII of Gran	LONGI CON Form 1, "General Info on Form 1, complete the ER 4. CITY OR TOWN familiar with the informately responsible for ob- there are significant po- familiar with the informately responsible for ob-	rmation submittaining the initiality of the init	an "X" in the 2. PHONI 2. PHONI 3. ST. Ted in this are formation, I is bornitting false to the formation, I is compared to the formation to	box to the left E NO. (area co	ed the

V. FACILITY DRAWING (see page 4)

Form Approved OMB No. 158-S80004

See Figures 1 & 2 for detail

•

HAZARDOUS WASTE PERMIT APPLICATION

	I	D.	ΝŪ	JM:	BE.	R.	i.				1		Š
F W	Ι	D	0	9	6	8	2	8	9	7	5	T/A	1

RC		70	/1_1 / 1	(This information		ed reimit red under	_	F W I D 0 9 6	8 2 8 9 7	() 1			
						21							
AP	PRO	VED	(yr., mo., & day)	<u> </u>					OMMENTS				
	23		24 29										
	I. FIRST OR REVISED APPLICATION Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a												
EPA	ed ap	Numb	tion. If this is your fir: per in Item I above,	rst application and y	ou aiready	know ya	our facility	whether	this is the firs .D. Number, o	t application you are submit or if this is a revised applicat	tting for your faction, enter your	cility or a facility's	
A. F			PLICATION (place ISTING FACILITY (S. C		2.NEW FACILITY (C	Complete item b							
8	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS TO NOT THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)												
B. A	B. REVISED APPLICATION (place an "X" below and complete Item I above) X 1. FACILITY HAS INTERIM STATUS 2. FACILITY HAS A RCRA PERMIT												
III.	PRC	CES	SES - CODES AN	D DESIGN CAPA	CITIES	大大學	terne de	NAME OF S		772 24 62 7 7 7 62 7 7 7 7 7 7 7 7 7 7 7 7 7 7	的 的数据是数据		
d	A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).												
- 1	. AN	MOUN NIT O	DESIGN CAPACITY - NT — Enter the amoun IF MEASURE — For e used. Only the units	nt. each amount entered	in column	8(1), en	ter the co			t measure codes below that o	describes the uni	it of	
المرسحة		Miles de la companya della companya de la companya de la companya della companya	क्षा है कि की है है कि कहा के तथा कर के की है की है है । 	PRO- APPROPR CESS MEASURE	TATE UNI	ITS OF	Les Machine	والمنافعة المنافعة	· · · · · · · · · · · · · · · · · · ·	PRO- APPR	OPRIATE UNIT		
 S+r					N CAPACI		_		PROCESS		ESIGN CAPACIT		
CO	orage ONTA		२ (barrel, drum, etc.)	SOI GALLONS	OR LITER	15	Tre	atment: NK	-		ONS PER DAY C	R	
WA	ASTE	E PILE		S03 CUBIC YAF	RDS OR TERS				МРОЦИВМЕ	NT TO2 GALLO	S PER DAY ONS PER DAY C S PER DAY	DR .	
_	IRFA sposa		MPOUNDMENT	S04 GALLONS				INERA		TOS TONS P	PER HOUR OR IC TONS PER H	oun:	
IN.	JECT		WELL	D79 GALLONS	T (the volu	ime that	or	HER (Us	e for physical.	LITERS	ONS PER HOUR S PER HOUR ONS PER DAY (1	
				would cover depth of on HECTARE-	one acre t e foot) OR	to a	pro: suri	cesses no face impo	e for physical, iological treat it occurring in oundments or	tanks, inciner-	S PER DAY O	DR-	
			ICATION POSAL	D81 ACRESOR D82 GALLONS LITERS PE	HECTARS		ator	rs. Descr	ibe the proces ovided; Item	sses in	•		
, su	RFA	CE IV	MPOUNDMENT	D83 GALLONS		ts .							
UN	11T (OF ME	EASURE	UNIT OF MEASURE CODE	LINIT OF	F MEASU	105		UNIT OF MEASURE CODE	DART OF MEACHE	M	JNIT OF LEASURE	
G.A	ALLC	ONS.		G	LITERS	PER DA	Υ		v	UNIT OF MEASURE		CODE	
CU	381C	YARI	DS	Y	METRIC		ER HOUS	R	<u>w</u>	HECTARE-METER. ACRES		F	
G.	LLC	CUBIC METERS											
othe	EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.												
- 1	r car	LE FO	R COMPLETING ITE	inty also has an incir	numbers . ierator that	X-1 and . t can burn	X-2 beloи п up to 20	vi. A fac	ility has two			and the	
C	r car	LE FO	R COMPLETING ITE	EM III (shown in line ility also has an incir	e numbers . nerator tha	X-1 and . t can burn	X-2 below n up to 20	vi. A fac	ility has two			and the	
1 1 2 CC	A. P	rRO-	PR COMPLETING ITE 400 gallons. The faci	T/A C	lerator that	t can burn	n up to 20	A. PR	per hour.		hold 200 gallons		
3ER	A, P	PRO-	DUP B. PROCESS 1. AMC (spec	T/A C 13 14 15 DESIGN CAPAC	lerator that	FOF	TAL WE	A. PRO	per hour. B. P	storage tanks, one tank can h	hold 200 gallons	FOR OFFICIAL USE ONLY	
LINE NUMBER	A, P	PRO- ISS INDE INDE INDE	DUP B. PROCESS 1. AMC (spec	DESIGN CAPAC	2. UNIT OF MEA- SURE (enter code)	FOF	R Up to 20	A. PRO	per hour. B. P	storage tanks, one tank can be storage tanks.	ACITY 2. UNIT OF MEASURE (enter	FOR OFFICIAL USE ONLY	
I-X	A.P. CE. CO (from abo	PRO- ISS DE m list	DUP B. PROCESS 1. AMC (spec	DESIGN CAPAC	2. UNIT OF MEA- SURE (enter code)	FOF	R IAL WW.	A. PROCESS	per hour. B. P	storage tanks, one tank can be storage tanks.	ACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	
X-1	A. P. CE. COO. (from abo	PRO- ISS DE m list ove)	DUP B. PROCESS 1. AMC (spec	DESIGN CAPAC	ITY 2. UNIT OF MEA- SURE (enter code)	FOF	RIAL WEST	A. PROCESS	per hour. B. P	storage tanks, one tank can be storage tanks.	ACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	
X-1	A. P. CE. CO. (from abo	PRO- ISS DE m list DUE () 2	DUP B. PROCESS 1. AMC (spec.	DESIGN CAPAC	ITY 2. UNIT OF MEA- SURE (enter code)	FOF	RIAL JUNE 12 S	A. PROCESS	per hour. B. P	storage tanks, one tank can be storage tanks.	ACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	
X-1 NUMBER	A. P. CE. CO. (from abo	PRO- ISS DE m list DUE () 2	DUP B. PROCESS 1. AMC (spec.	DESIGN CAPAC	ITY 2. UNIT OF MEA- SURE (enter code)	FOF	1 AL SER. Y 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A. PROCESS	per hour. B. P	storage tanks, one tank can be storage tanks.	ACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	
X-1 X-2 1 2 3	A. P. CE. CO. (from abo	PRO- DDE m list ove)	DUP B. PROCESS 1. AMC (spec) 15 600 20	DESIGN CAPAC	ITY 2. UNIT OF MEA- SURE (enter code) 2. G	FOF	RIAL HEREN	A. PROCESS CODI	per hour. B. P E. Is	storage tanks, one tank can be storage tanks.	ACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	

111	PR	OCE	SSES	lean	tinued)
ILL.			JULI	$I \cup UIII$	IIIIIIII II I

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column 8 enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE CODE
POUNDS	. P	KILOGRAMS, K
TONS	T	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code/s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total ennual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT												D. PROCESSES
LINE NO.	HAZARI WASTEN (enter code	QUANTITY OF WASTE	OF MEA- SURE (enter code)		1. PROCESS CODES (enter)										2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5	900	P	7	Γ (7 3	D	8	0		1		1		
X-2	D 0 0	400	P	2	r (9 3	D	8	0	1	- 1		T	1	
X-3	$D \mid 0 \mid 0$	100	P	7	r ' C	3	D	8	0		1		T	1	
X-4	D 0 0	,			- 1			1	1		1		1	T	included with above

	EPA				BER (enter from page 1)	\	1	V	11011	20	703	tes tt			FICI	AL USE C	POMI Approved UMB No. 158-S80004
w w	I	D			6 8 2 8 9 7 5 1		\ \		w W				J	υū	P		7/A C D U P
	T				N OF HAZARDOUS WASTE	7					M.	5.		-15			· 1885年1月1日 - 1885年1月1日 - 1885年1月1日 - 1885年1日 - 18
LINE NO.	H. W.	A. I AZ AST Ater	AR El	0.	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF S	UN UR ente	EA-		1. FROCESS CODES (enter)							D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	23 F	0	<u> </u>	2 5	1,100		G		27 S		1	27 •	2.9	27		27 * 29	
2	F		0		1,100	·	G		,	1	-	- 1			1	1 ,	
3						i.	Г			· · · · ·		1		1	-i		
4	F	0			11,000		G		S	0	1			т-	1		
5	U	0	2	8	220		G		S,	0	1	-	ı		1	1 - 1 -	·
<u> </u>	-							*	ļ		\dashv		1	1	,	1 7	
6	-	_								· T	-	ı	1	ı	-	1 - 1	
7	_		-		· · · · · · · · · · · · · · · · · · ·	-			<u> </u>		_	1.	ī	-		1 1	
8	-	-				30,7	_		_	1	4	- T	T		7	7-7-	
9	-					1					1		1	-,-			
10						١.						, 	Ì				
11		_							ĺ				1		1		
12															1		
13												•		•	1	1	
14										ı		Ţ	1	,	1	10 1	
15										· · · · · · ·		ļ	1	Г		, , , , , , ,	
16					,					ı		1	Γ		1	 - 1 	
17	-							\vdash			+	Τ.	1		-1		
18		-							<u> </u>	, ,	\dashv	1	1	1	7		
19			 -				ļ 		<u> </u>	г	+	I			Γ		
20	$\frac{1}{1}$					-		1				Г.		· ·	1	1-1	
21	-				÷							1	Τ.		1		
22				-		+	_			Т	\dashv	 1	ı			1 1	
23						-	-	<u> </u>		1		T	Τ		T	1 1	
24	<u> </u>					-	-		-		\dashv		1	1	1	1 1	
-			_	$\left \cdot \right $		-			-	1 1	_	ī	ī	1	,		
25						-	-		_	Г	+		1			, ,	
26	23	L	<u> </u>	25	27 - 35	_	36		27			27 -	29	27 -	29	27 - 29	-

EPA Form 3510-3 (6-80)

925 # 18



eterson Builders, sturgeon bay, wisconsin 54235

101 Pennsylvania Street, P.O. Box 47

(414) 743-5577 TELEX 26-3423

July 23, 1981

RECEIVED

JUL 27 1501

U.S. Environmental Protection Agency 111 West Jackson Blvd Chicago, ILL 60605 WASTE MANAGEMENT BRANCH

ATTENTION: MR. RICK KARL

ENCLS: (1) Interim Status Permit Application (Part A)

(2) PBI letter to EPA dated June 3, 1981

Dear Mr. Karl:

Pursuant to our conversation on July 7, 1981, I am submitting herewith our application for Interim Status TSD Permit (Encl 1).

By way of background, Peterson Builders notified the EPA on November 11, 1980 of our hazardous waste activity. At the time of that submission it was noted that we should be classified as a generator as well as a TSD facility. We were subsequently given hazardous identification waste numbers for both our Pennsylvania and Walnut Street facilities, but not advised of any obligation to submit Part A. Last month when I was assigned administrative responsibility for the hazardous waste program I reviewed the file and felt that we had erroneously filed for TSD activity. My letter to the EPA (Encl 2) asked that our notification be changed to read generator and transporter. I subsequently hired consultants to assist us in the hazardous waste program and they advised that Peterson Builders should be classified generator, transporter and TSD. You confirmed this opinion in our phone conversation on July 11, 1981.

Please consider this letter our notification to the EPA that Peterson Builders wishes to be classified as a generator, transporter and treatment/storage/disposal facility.

JUL 29 1981

I very much appreciate the assistance and cooperation you have extended to me in this matter. Please call me if you have any questions or comments concerning our application.

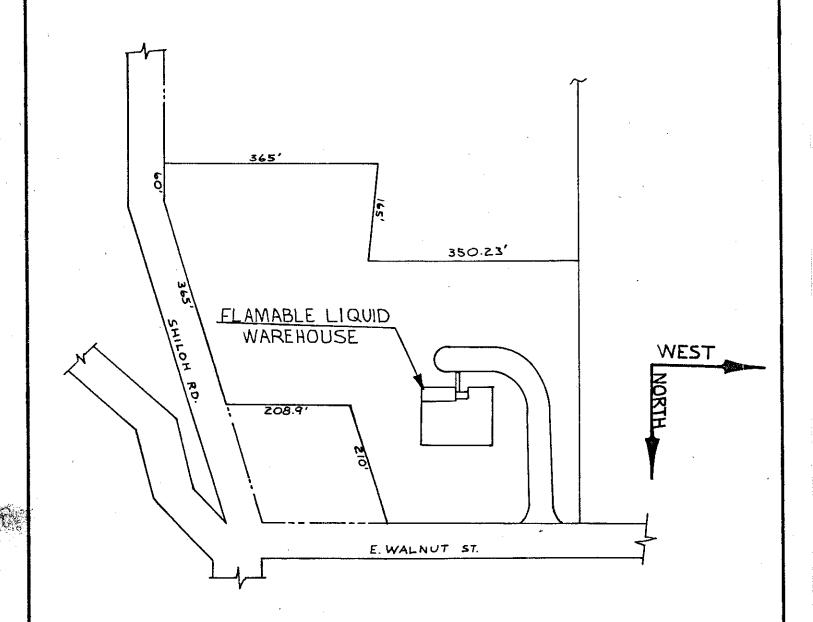
Thank you very much.

Very truly yours,

PETERSON BUILDERS, INC.

Gary Higgins

GH/ss



PLOT MAP FOR P.B.I. FLAMABLE LIQUIDS WAREHOUSE

Figure 1

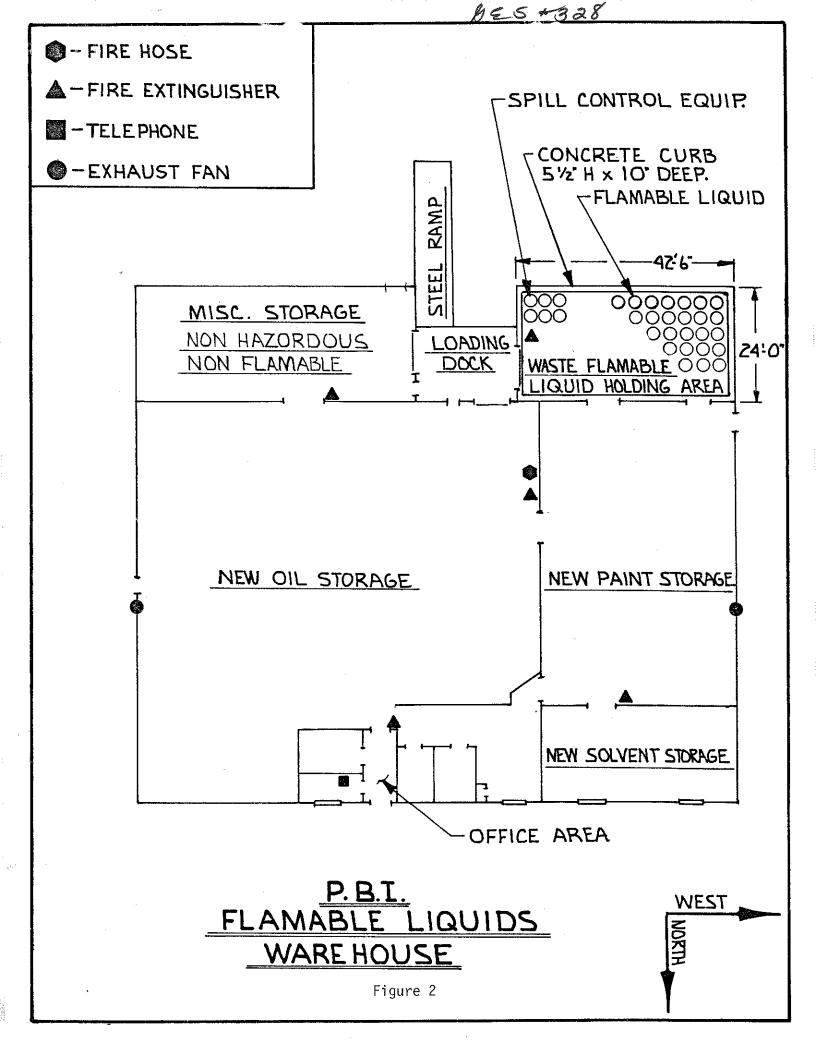




Photo 1



Photo 2

SHIP DESIGNERS AND BUILDERS STURGEON BAY, WISCONSIN 54235 101 Pennsylvania Street, P.O. Box 47 (414) 743-5577 TELEX 26-3423

November 11, 1980

Y.J. Kim, Region V Environmental Protection Agency Solid Waste Program 230 Dearborn St. Chicago, Illinois 60604

Dear Y.J. Kim:

Please consider this notification form as of the August 18, 1980 deadline. I apologize for the delay, since our tardiness is by no means indicative of an unwillingness to comply with the new hazardous waste management regulations. The delay results from the fact that the materials and information necessary to complete this notification of hazardous waste activity arrived at a very late date, as far as the schedule is concerned, leaving it impossible to comply with the August deadline. In fact, it was far into September before I became aware of this situation and the requirements. Since we wish to be in compliance, we would greatly appreciate your cooperation. I would also like to request a return receipt concerning this correspondence.

Sincerely,

PETERSON BUILDERS, INC.

David M. Nieman, Safety Technician

The telecon

Fred J. Peterson II, Facilities Superintendent

Warred M. Meman



PETERSON BUILDERS, INC.
101 PENNSYLVANIA STREET
P.O. BOX 47
P.O. BOX 47
STURGEON BAY, WISCONSIN 54235



Y.J. Kim, Region V Environmental Protection Agency Solid Waste Program 230 Dearborn St. Chicago, Illinois 60604

Re: RCRA